

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

APPLICANT(S)

92002411

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/						51								
2	/						52								
3		/					53								
4		/					54								
5		/					55								
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27		2					77								
28		2					78								
29		/					79								
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43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
ITAL D.	7						TOTAL IND.								
ITAL P.	31						TOTAL DEP.								
ITAL AIMS	38						TOTAL CLAIMS								